



Record of Volunteer Service

Section 1 – VOLUNTEER INFORMATION

Is this service required for course work at FSU? Yes No

If yes, then you are considered a student and not a volunteer. Students are not covered under worker’s compensation and are not required to complete this form.

Name: _____

Date of Birth: _____ Phone #: (____) _____
Attach proof of age if volunteer is under the age of 18

Home Address: _____
Street City State Zip

Mailing Address (if different than above): _____
Street City State Zip

Have you ever pleaded ‘nolo contendere’ (no contest) to or been convicted or found guilty (even if adjudication withheld) of a first degree misdemeanor or a felony? Yes* No *If yes, please list the date: _____

Offense and disposition (please explain fully): _____

Is there any reason why you can not perform the work described below? Yes* No *If yes, please explain: _____

As a volunteer, I agree to abide by all applicable rules and regulations of the Florida State University and guidelines of this unit and to fulfill the volunteer responsibilities as described below to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the University may terminate this agreement at any time without prior notice. I have received the workers compensation employee handbook. See volunteer policy for more details.

Volunteer’s Signature: _____ **Date:** _____

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for Florida State University. I further acknowledge that I have completed the Authorization for Treatment form on his/her behalf.

Parent/Guardian/Contact in case of emergency: _____
Print name Signature Date
Phone

Section 2–TO BE COMPLETED BY THE SUPERVISOR

Department/s where volunteer will work: _____ / _____
In conjunction with another department/agency/entity

Supervisor responsible for volunteer’s work: _____
Name and Title

Supervisor’s phone #: _____

Please describe the work the volunteer is expected to perform: _____

Volunteer’s qualification to perform this work: _____

Physical requirements of the work performed, for example, lifting, climbing (be specific): _____

Volunteer work will begin _____ and end _____

Volunteer’s references: _____
Name Relationship to volunteer Phone #
Name Relationship to volunteer Phone #

Supervisor’s Signature: _____ **Date:** _____